FEC

Only

STATEMENT OF



(Revised 02/2009)

ORGANIZATION 2012 AUG 13 AM 10: 19 FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. he Truth Squad ADDRESS (number and street) (Check if address is changed) CITY . STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) idcompton@ncgrowers.org (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C 00491167 FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Debra S Compton Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

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|--------------|---------------------|--|--|--|--|--|
| . TYPI | E OF C | OMMITTEE | | | | |
| Can | didate | Committee: | | | | |
| (a) | | This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| Name Cand | e of lidate | | | | | |
| | didate Affiliati | on Office State President District | | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Name Cand | | | | | | |
| Part | arty Committee: | | | | | |
| (d) | | This committee is a (National, State (Democratic, Republican, etc.) Party. | | | | |
| Poli | tical A | ction Committee (PAC): | | | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a | | | | |
| | | Corporation w/o Capital Stock Labor Organization | | | | |
| | | Membership Organization Trade Association Cooperative | | | | |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | | | | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | | | | |
| | | | | | | |
| | | In addition, this committee is a Lebbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | | | |
| | | In addition, this continue is a Leadership FAC. (Identity sponsar diffuse 6.) | | | | |
| Join | t Fund | Iraising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | | | | |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | | | | |
| | Cam | mittees Participating in Joint Fundraiser | | | | |
| | 1. | | | | | |
| | | | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4 | | | | | |

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|--|-------------------------|
| Write or Type Committee Name The Truth Could | |
| The Truth Squad | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade | rship PAC Sponsor |
| | |
| | |
| | |
| Mailing Address | |
| | |
| | |
| CITY STATE | ZIP CODE |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| | |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person in p books and records. | possession of committee |
| Debra Sue Compton | . 1 |
| PO Box 399 | |
| Mailing Address | <u> </u> |
| | |
| Vass 283 | 94 |
| Title or Position CITY STATE | ZIP CODE |
| Treasurer [910] - [| 245 [2969] |
| 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). | name and address of |
| Full Name Debra Sue Compton | , |
| or ireasurer | <u> </u> |
| Mailing Address PO Box 399 | |
| | |
| _[Vaşs] _[NC] _[283] | 94 |
| CITY STATE Title or Position | ZIP CODE |
| | 245 2969 |

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|----------------------------------|---|--|
| | | |
| Full Name of Designated Agent | aņiel P, Farrell | <u> </u> |
| Mailing Address | PO Box 399 | |
| | | |
| | Vass | NC 28394 - |
| | CITY | STATE ZIP CODE |
| Fitle or Position Administrative | Assistant Telepi | none number 910, - 245, - 296 |
| safety deposit boxes | | committee deposits funds, holds accounts, rent |
| Name of Bank, Depos | sitory, etc. | |
| L | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |
| Name of Bank, Depo | sitory, etc. | |
| | | |
| 1.5 | | |
| Mailing Address | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Mailing Address | | |
| Mailing Address | | |

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):